

# LTBI Reporting in Maryland

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**Center for Tuberculosis Control and Prevention**

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# Why LTBI, Why Now

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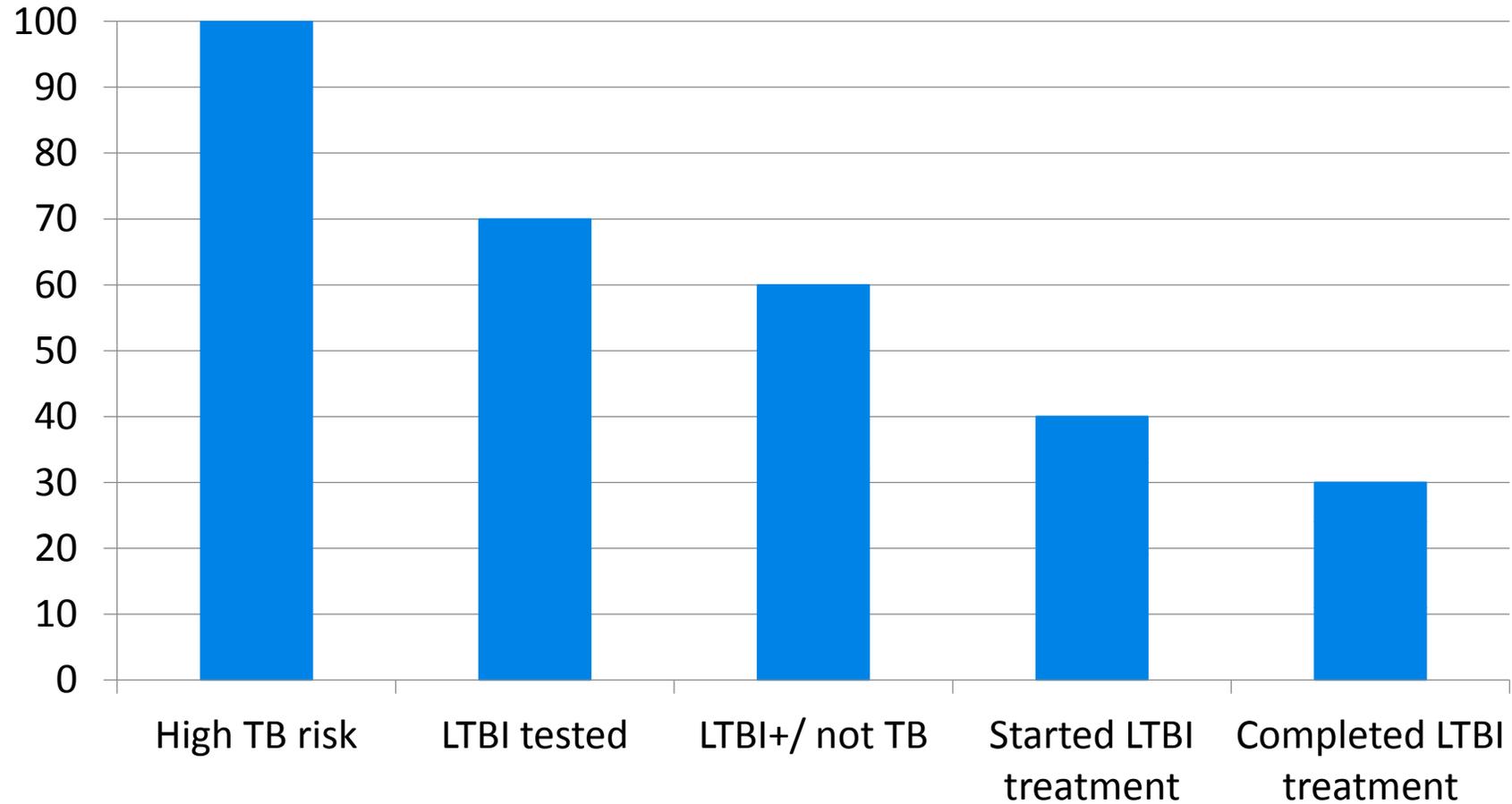
- LTBI surveillance is key to TB elimination
- Majority of TB cases in Maryland are due to reactivation of LTBI
- US Preventive Health Service recommendations on screening for LTBI
- Adoption of national LTBI case definition
- Short course therapy
- Support of key stakeholders – including LHDs

# What we'll learn

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- Better understanding of burden of LTBI in Maryland
- Better understanding of who is screening and treating LTBI
- Identify gaps in both screening and treatment
- Identify populations for targeting outreach

# LTBI Cascade to Cure



Alsdurf et al. The Cascade of Care of Latent TB Infection: A Systematic Review  
Lancet ID 2016

# LTBI Case Definition

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- Confirmed LTBI Case
  - A positive tuberculin skin test (TST) **OR**
  - A positive interferon gamma release assay (IGRA) **AND**
  - Active disease has been ruled out
- Suspected LTBI Case
  - A positive tuberculin skin test (TST) **OR**
  - A positive interferon gamma release assay (IGRA)

# COMAR 10.06.01.03

## Language

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### Latent Tuberculosis Infection

- (a) A positive result on an Interferon Gamma Release Assay, or Tuberculin Skin Test, or any other test indicating TB infection, and
- (b) Active or suspected tuberculosis has been ruled out.

### Active Tuberculosis

- (a) A laboratory confirmed acid-fast bacillus on smear;
- (b) An abnormal chest radiograph suggestive of active tuberculosis;
- (c) A laboratory confirmed biopsy report consistent with active tuberculosis; or
- (d) Initiation of two or more anti-tuberculosis medications.

# What are we collecting?

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- Demographic information
- Reason for LTBI screening
- Risk factors
  - HIV, Diabetes, immune modulating drugs, congregate living
- Testing and evaluation
  - TST, IGRA, chest imaging, sputum smear and culture
- Treatment information
  - Treatment start, regimen, completion

## Maryland Latent Tuberculosis Infection (LTBI) Reporting Form

Provider name: \_\_\_\_\_  
 Provider affiliation: \_\_\_\_\_  
 Provider telephone: \_\_\_\_\_

**For Health Department use only:** LTBI case status  
 Confirmed    Suspected TB Infection    Not a case  
 LTBI case number (if known): \_\_\_\_\_

Initial Report    Follow-up Report

Last name	First name	Middle	Date of birth (MM/DD/YYYY)	Sex at birth		
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
Address		Unit #	City or Town	State	Zip code	County of residence
Patient telephone number		U.S.- born <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth		Month/Year arrived in U.S.	
Race (select all that apply)				Ethnicity		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> White	<input type="checkbox"/> Other Race		<input type="checkbox"/> Not Hispanic or Latino	
		<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown	

### Reporting Information and Risk factors

Name of reporting agency: _____		Date of first LTBI evaluation: _____	
Reporting agency type <i>select one</i>		Reason for LTBI test <i>select one</i>	
<input type="checkbox"/> Employment <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Correctional facility <input type="checkbox"/> Immigrant/refugee clinic <input type="checkbox"/> Military <input type="checkbox"/> Private medical care provider <input type="checkbox"/> Local health dept. <input type="checkbox"/> Federally qualified health center <input type="checkbox"/> School/daycare <input type="checkbox"/> Other: _____		<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Testing to rule out TB <input type="checkbox"/> School/education screening <input type="checkbox"/> Employment/administrative test <input type="checkbox"/> B-waiver <input type="checkbox"/> Refugee screen (non B-waiver) <input type="checkbox"/> Contact investigation. Contact number, if known: _____ <input type="checkbox"/> Other: _____	
HIV status at diagnosis		Risk factors <i>check all that apply</i>	
<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unknown		<input type="checkbox"/> Diabetes <input type="checkbox"/> End-stage renal disease <input type="checkbox"/> Congregate living situation <input type="checkbox"/> Smoking <input type="checkbox"/> Homeless within past year <input type="checkbox"/> Immune modulating drugs <input type="checkbox"/> Hepatitis <input type="checkbox"/> Injection drug user <input type="checkbox"/> Pregnancy <input type="checkbox"/> Alcohol <input type="checkbox"/> Non-injection drug use <input type="checkbox"/> Other: _____	

### Testing and Evaluation

TST Agency: _____ Date read: _____ Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Negative <input type="checkbox"/> Not done	IGRA Test date: _____ Test type: <input type="checkbox"/> QFT <input type="checkbox"/> T-SPOT <input type="checkbox"/> Other Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Borderline/Indeterminate <input type="checkbox"/> Not done <input type="checkbox"/> Failed/Invalid	Smear   Collection Date: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done Culture   Collection Date: _____ Result Date: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done
Date of chest radiography or other chest imaging: _____	Chest radiography or chest imaging result: <input type="checkbox"/> Consistent with TB <input type="checkbox"/> Not consistent with TB <input type="checkbox"/> Unknown <input type="checkbox"/> Not done	
Final evaluation outcome: <input type="checkbox"/> Latent TB infection/no TB <input type="checkbox"/> Active TB, RVCT case number (if known): _____		

### Treatment

Was the patient offered LTBI treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the patient start LTBI treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason patient did not start LTBI treatment: <input type="checkbox"/> Refused <input type="checkbox"/> Referred for treatment <input type="checkbox"/> Provider decision   Referral: _____ <input type="checkbox"/> Previous LTBI treatment <input type="checkbox"/> Previous TB treatment <input type="checkbox"/> Lost to follow-up		LTBI treatment regimen prescribed: <input type="checkbox"/> 9 months Isoniazid <input type="checkbox"/> 4 months Rifampin <input type="checkbox"/> 12 weeks Isoniazid/Rifapentine <input type="checkbox"/> Other: _____	
LTBI treatment start date: _____	Reason LTBI treatment stopped: <input type="checkbox"/> Treatment completed <input type="checkbox"/> Pregnancy <input type="checkbox"/> Active TB developed <input type="checkbox"/> Provider decision <input type="checkbox"/> Lost to care <input type="checkbox"/> Patient moved <input type="checkbox"/> Adverse event <input type="checkbox"/> Died <input type="checkbox"/> Other: _____		
LTBI treatment end date: _____	Serious adverse event/reaction to LTBI treatment: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		

# Who will report?

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- Everyone!
- Local health departments, community clinics, private providers
- Anyone doing screening including schools, occupational health, prisons
- Laboratories

# How will it work?

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- Effective April 23, 2018
- Official start date July 1, 2018
- CTBCP will receive all LTBI reports
  - Completed reports can be mailed/faxed to CTBCP
- New LTBI condition in NEDSS
- New LTBI data manager at CTBCP

# How will it work?

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- LHD follow current procedures for referrals
- LHD report on all LTBI they screen or treat
  - Including contacts and B-waivers
- COMAR requires reporting with 1 working day of LTBI diagnosis
  - CTBCP will work with larger facilities on individual basis for batched reporting

# How will it work?

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- CTBCP will no longer send positive IGRA to TST results to LHD
- ELR's
  - If a positive IGRA is reported for an active case or suspect it should be associated with appropriate TB case investigation in NEDSS
  - If LHD follows up on a positive IGRA report, a comment should be made on ELR noting the follow-up response. If active disease is ruled out, the LHD should then report the LTBI case.
  - The CTBCP will create a new LTBI suspect in NEDSS for all other positive IGRA results received through ELR.
- Evolving and changing process!

# How will we use the data?

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- Looking at who is and is not be screened
- Treatment regimens utilized
- Treatment completion rates
- Partnering for outreach to high-risk populations

# Questions?



**Maryland Department of Health  
Prevention and Health Promotion Administration**

**<https://phpa.health.maryland.gov>**